

དཔལ་ལྷན་འབྲུག་གཞུང་། འབྲུག་ཞི་བའི་མཁའ་འགྲུལ་དབང་འཛིན་།



**Royal Government of Bhutan
Bhutan Civil Aviation Authority
PARO:BHUTAN**



APPLICATION FOR INITIAL / AMENDMENT / RENEWAL OF BCAR-66 AIRCRAFT MAINTENANCE LICENCE (AML)
<p>APPLICANT'S DETAILS :</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Nationality: Date and Place of Birth:</p>
<p>BCAR-66 AML DETAILS (if applicable):</p> <p>Licence No:Date of Issue:</p>
<p>EMPLOYER'S DETAILS:</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Maintenance Organisation Approval Reference:</p> <p>Tel: Fax:.....</p>



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APPLICATION FOR: (Tick relevant boxes)

Initial AML Amendment of AML Renewal of AML

Rating	A	B1	B2	B3	C
Aeroplane Turbine	<input type="checkbox"/>	<input type="checkbox"/>			
Aeroplane Piston	<input type="checkbox"/>	<input type="checkbox"/>			
Helicopter Turbine	<input type="checkbox"/>	<input type="checkbox"/>			
Helicopter Piston	<input type="checkbox"/>	<input type="checkbox"/>			
Avionics			<input type="checkbox"/>		
Piston engine non-pressurised aeroplanes of MTOM of 2t and below				<input type="checkbox"/>	
Large aircraft					<input type="checkbox"/>
Aircraft other than large aircraft					<input type="checkbox"/>

Type endorsement / Rating endorsement / Limitation removal (if applicable):

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I wish to apply for initial / amendment / renewal of BCAR-66 AML as indicated and confirm that the information contained in this form was correct at the time of application.

I herewith confirm that:

1. I am not holding any Part-66 AML issued in another Member State,
2. I have not applied for any Part-66 AML in another Member State and
3. I never had a Part-66 AML issued in another Member State which was revoked or suspended in any other Member State.

I also understand that any incorrect information could disqualify me from holding a BCAR-66 AML.

Signed:Name:

Date:

དབལ་ཕྱན་འབྲུག་གཞུང་། འབྲུག་ཞི་བའི་མཐའ་འཇུག་དབང་འཛིན་།



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I wish to claim the following credits (if applicable):

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Experience credit for Part-147 training:

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Experience credit for equivalent exam certificates:

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Please enclose all relevant certificates

Recommendation (if applicable): It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of BCAA-66 and it is recommended that the BCAA grants or endorses the BCAA-66 AML.

Signed:

Name:

Position:

Date: